

# KIDS CAMP

## WHAT IS KIDS CAMP?

Kids Camp is the greatest way to start your Summer! Students will have an incredible week filled with water activities, indoor & outdoor sports, and exciting church services. It is a week to make great memories, fellowship, worship, and grow in your personal walk with God!

## WHEN IS KIDS CAMP?

June 11 - 15, 2012 (Monday - Friday)

**Arrive @ 7:00 am.** Monday, June 11 (Door #9). ***Bring a sack lunch.***

**Return @ 6:00 pm.** Friday, June 15 (DOOR #9).

## WHERE IS KIDS CAMP?

Lake Williamson Christian Center in Carlinville, IL.

Shipping Address: KIDS CAMP, PO Box 620, Carlinville, IL 62626

Camp Facility Phone Number: (217) 854-4820 for emergencies only

## HOW MUCH DOES IT COST?

**Early Registration** - \$245.00 (Total payment or \$100 deposit received **BY April 27**)

**Regular Registration** - \$270.00 (Total Payment or \$125 deposit received **AFTER April 27**)

REGISTRATION ENDS MAY 23. COMPLETE PAYMENT IS DUE BY MAY 23 (for those who turned in a deposit for early & regular registration). Roommate preferences will be honored up until April 27. After April 27, housing will be assigned and no changes will be made.

## WHAT SHOULD I BRING?

Bedding, blanket, pillow, towels, washcloths, soap, toothbrush & toothpaste, recreational/casual clothes, pajamas, light coat/jacket, modest swimming suit, Bible, notebook, spending money - for snacks and other gift shop items. (Campers are responsible for personal items. Please mark all items with laundry/permanent marker.)

OPTIONAL ITEMS: flashlight, camera, rollerblades, skateboard, fishing gear.

## WHAT SHOULD I NOT BRING?

Cell phone, iPod or mp3, video games, silly string, fireworks, water guns or water balloons.

**VISIT [WWW.KIDSCONNECTION.ORG](http://WWW.KIDSCONNECTION.ORG) TO REGISTER ONLINE!**

# KIDS CAMP REGISTRATION

breakaway kids | grades 2-5 | week 1 | june 11-15

## GENERAL INFORMATION (Please Print)

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B (MM, DD, YY) \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE (completing) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE + PHONE NUMBER \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_

ROOMMATE REQUEST (2 friends max.) \_\_\_\_\_

## PAYMENT INFORMATION

### EARLY REGISTRATION

received BY **April 27**

early registration \$ 245

(A t-shirt is included with early registration price ONLY.)

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deposit only \$ 100

(T-shirt *not* included)

dvd (optional) \$10

high ropes (optional) \$20

\*must pre-register

Please note: Deposits must include payment for extras (dvd, high ropes). If they are not paid for, students may purchase them when they arrive at camp. T-shirts may be ordered for \$5 from the camp store on Monday of arrival.

TOTAL CAMP AMT: \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

TOTAL OWED: \_\_\_\_\_

### REGULAR REGISTRATION

received AFTER **April 27**

regular registration \$270

deposit only \$125

dvd (optional) \$10

high ropes (optional) \$20

\*must pre-register

Please note: Deposits must include payment for extras (dvd, high ropes). If they are not paid for, students may purchase them when they arrive at camp. T-shirts may be ordered for \$5 from the camp store on Monday of arrival.

TOTAL CAMP AMT: \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

TOTAL OWED: \_\_\_\_\_

# PARENT/GUARDIAN INFORMATION

CAMPER NAME \_\_\_\_\_

PARENT / GUARDIAN NAME(S) \_\_\_\_\_

PARENT / GUARDIAN EMAIL ADDRESS \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PERSON'S RELATIONSHIP TO CAMPER \_\_\_\_\_

EARLY DEPARTURE POLICY: *Only an authorized person designated on the registration form may remove a camper from camp early. Please list authorized person(s)* \_\_\_\_\_

*Is there anyone to whom we should NOT release your child? Please list complete name (s).*

# HEALTH CARE INFORMATION

*On a separate piece of paper please explain any checked items AND list any medications (name/reason/ instructions) camper is taking. All medications, prescriptions, and over-the-counter drugs must be brought in the original container to the nurse during registration.*

INSURANCE CARRIER \_\_\_\_\_

COVERAGE START \_\_\_\_\_ INSURANCE CO PHONE NUMBER \_\_\_\_\_

INSURED'S NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

INSURANCE / POLICY/ OR GROUP NUMBER \_\_\_\_\_

DOES THE CAMPER HAVE ALLERGIES ?  YES  NO

If yes, please explain: \_\_\_\_\_

PLEASE LIST THE YEAR THE CAMPER RECEIVED THE FOLLOWING IMMUNIZATIONS:

DIPHTHERIA \_\_\_\_\_ WHOOPING COUGH \_\_\_\_\_ POLIO \_\_\_\_\_ TETANUS TOXOID \_\_\_\_\_

WHAT COMMUNICABLE DISEASES HAS THIS CAMPER HAD?

MEASLES  POLIO  MUMPS  CHICKEN POX  SCARLET FEVER  WHOOPING COUGH  OTHER \_\_\_\_\_

DOES CAMPER HAVE?

HEART TROUBLE  EAR TROUBLE  ASTHMA  HERNIA  PREGNANCY  HIV/AIDS  OTHER \_\_\_\_\_

IS THERE ANY INFORMATION WE SHOULD HAVE REGARDING THE WELFARE OF THIS CAMPER (HANDICAPS, RESTRICTIONS, ETC.)? \_\_\_\_\_

# PARENT / GUARDIAN RELEASE

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Illinois Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I also give permission for my child to receive over-the-counter medication from the camp nurse if necessary.

**We give full permission to Illinois Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student. We have read the rules and agree to abide by them and do hereby give permission to participate in all camp activities.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_